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100TH CONGRESS
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SENATE

REPORT
100-262

EMPLOYEE HEALTH PROMOTION AND DISEASE PREVENTION ACT OF 1987

DECEMBER 16 (legislative day, DECEMBER 15), 1987.—Ordered to be printed

Mr. KENNEDY, from the Committee on Labor and Human Resources, submitted the following

REPORT

[To accompany S. 1726]

The Committee on Labor and Human Resources, to which was referred the bill (S. 1726) to amend the Public Health Service Act to promote employee health and disease prevention, and for other purposes, having considered the same, reports favorably thereon without amendment and recommends that the bill do pass.

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I. SUMMARY OF THE BILL

As reported by the Committee, S. 1726 amends and extends for 3 years the authority under title XVII of the Public Health Service (PHS) Act for the health information and promotion program carried out by the Office of Disease Prevention and Health Promotion (ODPHP). The bill includes new authority requiring the Secretary of Health and Human Services (HHS) to undertake research and demonstration programs to: (A) establish worksite based programs for public sector employees to promote healthy behavior and to de-

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crease participation in unhealthy and high risk behavior; and (B) develop a better understanding of special circumstances and problems encountered in providing health promotion and disease prevention programs to employees of small businesses. In carrying out such programs the Secretary will (A) support at least six 3-year programs; (B) carry them out under the auspices of State and local organizations capable of encouraging participation of schools, school systems, colleges, universities, community business associations and coalitions, civic groups, insurance companies, and other appropriate organizations; (C) assure that the programs reflect a variety of regions, States, and community settings including urban, rural, and minority populations; and (D) evaluate the impact of the programs on health status measurements, use of primary and acute care health services, absenteeism from work, and reduced health and life insurance costs.

S. 1726 as reported also amends section 1706 of the PHS Act, which authorizes the establishment and support of centers for research and demonstration of health promotion and disease prevention. The amendment authorizes grants and contracts to establish five new centers and maintain and operate the existing three centers in FY 1988, to establish three new centers and maintain and operate eight centers in FY 1989, and establish three new centers and maintain and operate 11 centers in FY 1990.

II. Background and Need for Legislation

The National Consumer Health Information and Health Promotion Act of 1976, P.L. 94-317, added a new title and a new responsibility to the PHS Act—Title XVII, Health Information and Health Promotion. The Congress enacted this legislation in order to emphasize the importance of the prevention of illness and the promotion of good health as an essential part of an effective health care system. Title XVII focuses the Nation's attention on the importance of the promotion of health and the prevention of illiness and injury as an integral part of an effective health care system. In addition, it stresses the signficance of individual lifestyle choices and personal responsibility as a part of successful health promotion and disease prevention efforts.

Title XVII, as established by P.L. 94-317 and amended by legislation in 1979 and 1984, authorized the Secretary to:

(1) Formulate national goals, and strategy to achieve such goals, with respect to health information and health promotion, preventive health services, and education in the appropriate uses of health care:

(2) Analyze the necessary and available resources for implementing those goals and strategies, and recommend appropriate eductional and quality assurance policies for the needed manpower resources identified by such analysis;

Undertake and support necessary activities and programs to incorporate appropriate health education components into all aspects of education and health care; increase the application and use of health knowledge, skills, and practices by the general population in its patterns of daily living; and establish sys-

tematic processes for the exploration, development, demonstration, and evaluation of innovative health promotion concepts;

(4) Undertake and support research and demonstrations respecting health information and health promotion, preventive health services, and education in the appropriate use of health care;

(5) Undertake and support appropriate training in the operation of programs concerned with health information and health promotion;

(6) Undertake and support, with improved planning and implementation of tested models and evaluation of results, effective and efficient programs respecting health information and health promotion;

(7) Foster the exchange of information respecting research, demonstration, and training programs in health information and health promotion;

(8) Provide technical assistance in the programs referred to in (7);

(9) Use such other authorities for programs respecting health information and health promotion, preventive health services, and education in the appropriate use of health care as are available and coordinate such use with programs conducted under the title; and

(10) establish in the Office of the Assistant Secretary for Health an Office of Disease Prevention and Health Promotion, to--

(A) coordinate all activities within the Department which relate to disease prevention, health promotion, preventive health services, and health information and education with respect to the appropriate use of health care;

(B) coordinate such activities with similar activities in the private sector;

(C) establish a national information clearinghouse to facilitate the exchange of information concerning matters relating to health information and health promotion, preventive health services, and education in the appropriate uses of health care, to facilitate access to such information, and to assist in the analysis of issues and problems relating to such matters; and

(D) support projects conduct research, and disseminate information relating to preventive medicine, health promotion, and physical fitness and sports medicine.

The years 1979 and 1980 saw the publication of two major reports by the Department that have served as the basis of its preventive health program throughout this decade. The 1979 report, "Healthy People, the Surgeon General's Report on Health Promotion and Disease Prevention," outlined a national preventive health strategy based on quantifiable goals for health improvement in 15 specific health areas which were grouped into categories of health promotion, preventive health services, and health protection. The overall goals—expressed as reductions in overall death rates or days of disability—for the improvement of the health of Americans at the five major life stages were:

(1) To continue to improve infant health, and, by 1990, to reduce infant mortality by at least 35 percent, to fewer than nine deaths per 1,000 live births;

(2) To improve child health, foster optimal childhood development, and, by 1990, reduce deaths among children ages 1 to 14 years by at least 20 percent, to fewer than 34 per 100,000;

(3) To improve the health and health habits of adolescents and young adults, and, by 1990, to reduce deaths among people ages 15 to 24 by at least 20 percent, to fewer than 93 per 100,000;

(4) To improve the health of adults, and, by 1990, to reduce deaths among people ages 25 to 64 by at least 25 percent, to fewer than 400 per 100,000;

(5) To improve the health and quality of life for older adults and, by 1990, to reduce the average annual days of restricted activity due to acute and chronic conditions by 20 percent, to fewer than 30 days per year for people aged 65 and older.

The 1980 report, "Promoting Health/Preventing Disease: Objectives for the Nation," suggested 226 measurable objectives to be achieved by 1990 among the 15 priority areas identified in "Healthy People."

A succession of reports and other publications issued since 1980 by ODPHP have reviewed the activities supported by the Department in working to achieve the 1990 Objectives for the Nation. In 1986, ODPHP completed a midcourse review of the progress in achieving the specific goals established in 1979 and 1980. The midcourse review found that the Nation by 1986 had made extensive progress toward the five overall goals established in "Healthy People" in 1979, based on population statistics as of 1984. Mortality among infants had declined by 24 percent, childhood mortality by 23 percent, adolescent and youth mortality by 13 percent, and mortality among adults by 16 percent. The midcourse review concluded that if current trends continued, the Nation should accomplish its 1990 goals, with the one for children already accomplished by 1985. ODPHP has also begun planning for a revision of the "Healthy People" report as well as the development of national health objectives for the year 2000.

In addition to its work monitoring the 1990 Objectives for the Nation, the ODPHP is actively involved in stimulating and supporting local and national programs in health promotion, especially through the work of national private and voluntary organizations and business and industry. The Office's work on the Department's nutrition initiative strengthens its capabilities in nutrition research, monitoring, services and training, as well as food safety and quality, and international nutrition. It will continue to follow up on the Surgeon General's report on Nutrition and Health, disseminating its findings to health policymakers and focusing public and private scientific inquiry. The Office's clinical preventive services activity focuses on the delivery of personal preventive services in clinical settings through work with professional organizations, reimbursement organizations such as insurance companies, and scientific groups. These efforts help to identify the most effective types of preventive health services for hospitals and physicians' offices and assess the clinical and economic issues in the delivery of

preventive services. The ODPHP Health Information Center responds to about 4,000 requests each month from the general public and health professionals for health information.

WORKSITE WELLNESS PROGRAMS

Employers and businesses in the U.S. in recent years increasingly have been moving to permit and encourage workers to use work time to focus on their own health and to take more responsibility for their own health. These activities are part of a rapidly growing preventive health concept known as "wellness." With expenditures for health care on the rise, employers have become increasingly concerned about the health of their workers. Prevention of disease and promotion of healthy lifestyles to help to reduce absenteeism, improve productivity, lower the rate of employee turnover, and lower the costs to employers. When employees are not in good health, the costs to their employers, in health insurance premiums, disability claims, and life insurance premiums, are increased. The indirect costs, from low productivity, unnecessary absenteeism, excessive turnover, and premature retirement, can also be substantial.

For example, 30 million workers (30 percent of the workforce) are at increased risk for developing heart disease, stroke, and kidney disease because of high blood pressure. This resulted in an estimated loss of 29 billion workdays in 1984 ($2 billion in earnings). In addition, there are among employed persons more than 10 times as many deaths from coronary heart disease, hypertensive disease, and stroke as there are deaths resulting from industrial accidents. A recent estimate showed that the Ford Motor Company was paying out over $2,000 per employee each year on illness-related expenses.

The leading causes of illness and mortality in the U.S., at the present time are chronic diseases, such as heart disease, cancer, stroke, and injuries resulting from accidents, which are linked at least partly to individual lifestyle. The control of factors such as smoking, alcohol abuse, improper diet, high blood pressure, and lack of exercise are the basis of health promotion and disease prevention activities encouraged and supported by worksite wellness programs. Worksite wellness programs have taken a variety of forms among employers throughout the country, including but not limited to health screening, health education programs, medical treatment, employee assistance programs, and exercise programs.

The establishment of wellness programs on the job has spread widely. A recent survey conducted by the ODPHP found that 44 percent of 1,358 businesses with 50 or more employees were offering wellness programs. They are most frequent in utility, transportation, and commercial firms; then come service industries; finance, real estate, and insurance; manufacturing; and wholesale and retail sales firms. Estimates indicate that 100,000 worksites with 50 or more employees have wellness programs. Employers report real benefits from such programs is such areas as decreased absenteeism, improved morale, and in some cases, decreases in costs of health care and health insurance premiums.

An example of a successful wellness program is Johnson and Johnson, whose Live for Life program is available to 32,000 of the company's employees at 64 locations. This employer reports, as a result of its program, decreases in the rate of smoking among employees, improvements in a variety of health indicators, and cuts in the cost of providing health coverage to its employees. An analysis of hospital claims by Johnson and Johnson indicate that groups involved in the Lives for Life program experienced lesser rates of increase in medical costs and utilization compared with a group not participating in the program. Hospital costs for groups in the program doubled over a 5-year period while costs for the group non in the program increased four-fold. Live for Life groups also had lower rates of increase in hospital days and hospital admission.

Another model worksite wellness program is that of AT&T, whose Total Life Concept program covers 340,000 persons in the company's U.S. and international operations. The Stay Alive and Well program conducted by Blue Cross and Blue Shield of Indiana for its employees resulted in savings of $1.65 million in the 4 years 1978–1982, as measured by reduced rates of absenteeism and employee insurance claims.

While larger employers such as these and their workers are benefiting from worksite wellness programs, small businesses and employees in the public sector have not, for the most part, had this opportunity. Approximately 30% of the Nation's workforce is employed in the public sector by state, local, or federal governments. Over 70 percent of the Nation's work force in the private sector is employed in smaller business establishments with less than 500 employees. Over 50 percent are in workplaces of less than 100. Wellness programs could be particularly beneficial to employees of small business, who are less likely to have adequate employer-based health and life insurance coverage and who thus may be vulnerable to the medical care costs associated with "preventable" diseases and conditions. They may also be of great value to the public sector where concerns about productivity and morale and the ratio between productivity and benefits have been high.

CENTERS FOR RESEARCH AND DEMONSTRATION OF HEALTH PROMOTION AND DISEASE PREVENTION

The Health Promotion and Disease Prevention Amendments of 1984, P.L. 98–551, in addition to extending the authority for health promotion and disease prevention activities through the Office of Health Promotion and Disease Prevention, authorized the establishment of centers for research and demonstration of health promotion and disease prevention. Centers established under this authority, section 1706 of the PHS Act, are authorized to undertake research and demonstration projects in health promotion, disease prevention, and improved methods of appraising health hazards and risk factors, and shall serve as demonstration sites for the uses of new and innovative research in public health techniques to prevent chronic diseases.

The Committee, in recommending passage of this authority in 1983, proposed that these centers would most appropriately be located in schools of public health and in academic health centers

with programs in preventive medicine, community health, or with a multispecialty faculty. The Committee recommended, and P.L. 98–551 authorized, the establishment of 13 centers throughout the Nation. The Committee believed that this number of centers was necessary "to assure reasonable geographic distribution which is essential to provide research opportunities for different population groups and study health promotion in areas with regional and cultural differences.

The Centers for Disease Control in FY 1987 provided funding for support of three centers, at the Universities of Washington, North Carolina, and Texas. Citing fiscal constraints, the Department of HHS requested no funding support for such centers in FY 1988.

III. TEXT OF THE BILL AS REPORTED

221001.503 S.L.C.

Calendar No. ____

100TH CONGRESS
1ST SESSION

S. 1726

[Report No. 100-____]

IN THE SENATE OF THE UNITED STATES

SEPTEMBER 29 (legislative day, SEPTEMBER 25), 1987

Mr. KENNEDY (for himself and Mr. HATCH) introduced the following bill; which was read twice and referred to the Committee on Labor and Human Resources

OCTOBER ____ (legislative day, _____), 1987

Reported by Mr. KENNEDY, without amendment,

A BILL

To amend the Public Health Service Act to promote employee health and disease prevention, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Employee Health Promotion and Disease Prevention Act of 1987".

SEC. 2. FINDINGS.

Congress finds that—

(1) there is a developing body of scientific evidence that participation in organized health promotion programs administered in worksite settings improves productivity and reduces health care costs to individuals and employers;

(2) in excess of 50 percent of the work force of the United States is employed by small businesses and over 30 percent is employed in the public sector;

(3) work site health promotion programs are not generally available to public sector employees or to employees of small businesses; and

(4) employees of small businesses are less likely to have adequate employer-based health and life insurance coverage and are thus more vulnerable to hardships resulting from medical and other costs associated with ''preventable'' diseases and conditions.

SEC. 3. EMPLOYEE HEALTH PROMOTION AND DISEASE PREVENTION PROGRAM.

(a) IN GENERAL.—Section 1701(a) of the Public Health Service Act (42 U.S.C. 300u(a)) is amended—

(1) by striking out ''and'' at the end of paragraph (9);

(2) by striking out the period at the end of paragraph (10) and inserting in lieu thereof a semicolon; and

(3) by inserting after paragraph (10) the following new paragraphs:

''(11) undertake and support research and demonstration programs designed to—

''(A) establish worksite based programs for public sector employees to promote healthy behavior and to decrease participation in unhealthy and high risk behavior; and

''(B) develop a better understanding of the special circumstances and problems encountered in providing health promotion and disease prevention programs to employees of small businesses (as defined in section 3 of the Small Business Act (15 U.S.C. 632)); and

''(12) in carrying out the programs referred to in paragraph (11)—

''(A) support at least six 3-year programs;

''(B) perform the programs under the auspices of State and local organizations capable of encouraging the participation of schools, school systems, colleges, universities, community business associations and coalitions, civic groups,

insurance companies, and other appropriate organizations;

"(C) make every effort to assure that the programs reflect a variety of regions, States, and community settings (including urban, rural, and minority populations); and

"(D) evaluate the impact of the programs on—

"(i) the health status measurements;

"(ii) the use of primary and acute care health services;

"(iii) absenteeism from work; and

"(iv) reduced health and life insurance costs.".

(b) AUTHORIZATION OF APPROPRIATIONS.—Section 1701(b) of the Public Health Service Act (42 U.S.C. 300u(b)) is amended by striking out "and $10,000,000 for the fiscal year ending September 30, 1987" and inserting in lieu thereof ", $10,000,000 for the fiscal year ending September 30, 1987, $10,500,000 for the fiscal year ending September 30, 1988, $11,000,000 for the fiscal year ending September 30, 1989, and $11,500,000 for the fiscal year ending September 30, 1990".

SEC. 4. CENTERS FOR RESEARCH AND DEMONSTRATION OF HEALTH PROMOTION AND DISEASE PREVENTION.

Section 1706 of the Public Health Service Act (42 U.S.C. 300u–5) is amended—

(1) in subsection (c)(1) to read as follows:

''(c)(1) During fiscal year 1988, the Secretary shall make grants and enter into contracts for the establishment of five centers under this section and the maintenance and operation of three of the centers established under this section in fiscal year 1987. During fiscal year 1989, the Secretary shall make grants and enter into contracts for the establishment of three centers under this section and the maintenance and operation of the eight centers established under this section in fiscal years 1987 and 1988. During fiscal year 1990, the Secretary shall make grants and enter into contracts for the establishment of three centers under this section and the maintenance and operation of the eleven centers established in fiscal years 1987, 1988, and 1989.''; and

(2) in subsection (e) to read as follows:

''(e) To carry out this section, there are authorized to be appropriated $8,000,000 for the fiscal year ending September 30, 1988, $10,000,000 for the fiscal year ending September 30, 1989, and $12,000,000 for the fiscal year ending September 30, 1990.''.

IV. Section-by-Section Analysis

The bill provides that the Act may be cited as the "Employee Health Promotion and Disease Prevention Act of 1987."

Section 2 lists findings of the Congress that: (1) there is scientific evidence that participation in health promotion programs in worksite settings improves productivity and reduces health care costs; (2) more than 50 percent of the U.S. work force is employed by small business and over 30 percent in the public sector; (3) worksite health promotion programs are not generally available to small business or public sector employees; and (4) small business employees are less likely to have adequate health and life insurance coverage and are thus more vulnerable to medical and other costs associated with "preventable" diseases and conditions.

Section 3(a) amends section 1701(a) of the PHS Act (Health Information and Health Promotion General Authority) by adding two new subparts. The new section 1701(a)(11) authorizes the Secretary of HHS to undertake research and demonstration programs designed to (A) establish worksite based programs for public sector employees to promote health behavior and to decrease participation in unhealthy and high risk behavior; and (b) develop a better understanding of special circumstances and problems encountered in providing health promotion and disease prevention programs to employees of small business. The new section 1701(a)(12) authorizes the Secretary, in carrying out such programs, to support at least six 3-year programs, under the auspices of State and local organizations capable of encouraging the participation of schools, school systems, colleges, universities, community business associations and coalitions, civic groups, insurance companies, and other appropriate organizations. The Secretary will make every effort to assure that the programs reflect a variety of regions, States, and community settings including urban, rural, and minority populations, and will evaluate the programs' impact on health status measurements, use of primary and acute care health services, absenteeism from work, and reduced health and life insurance costs.

Section 3(b) of the bill authorizes appropriations for section 1701 of $10.5 million for FY 1988, $11 million for FY 1989, and $11.5 million for FY 1990.

Section 4 amends section 1706 of the PHS Act which authorizes Centers for Research and Demonstration of Health Promotion and Disease Prevention. The amendment directs the Secretary, during FY 1988, to make grants and enter into contracts for the establishment of five such centers and the maintenance and operation of the three centers established in FY 1987. During FY 1989, the amendment directs the Secretary to establish three centers and maintain and operate the eight centers established in the previous 2 years. During FY 1990, the Secretary shall establish three new centers and maintain and operate the 11 centers previously established.

Section 4 of the bill authorizes appropriations of $8 million for FY 1988, $10 million for FY 1989, and $12 million for FY 1990 to establish, maintain, and operate such centers under section 1706.

V. Committee Views

The Committee notes with approval what ODPHP has accomplished in the decade since it was established. Over the years a relatively small office with a limited budget has had a beneficial impact far out of proportion to its size or funding. The Committee bill reauthorized ODPHP at an increased funding level and adds and defines new responsibilities within its authority. This is primarily to assure that ODPHP's existing general responsibilities will be exercised in the future to study the expansion of worksite wellness programs into broader worker populations than is the case at present.

The Committee notes that a recent study conducted by the Office of Disease Prevention and Health Promotion found that 44 percent of 1,358 businesses with 50 or more employees offered wellness programs. Nationwide, it is estimated that 100,000 worksites with 50 or more employees have wellness programs. Private corporations report tremendous benefits from these programs. But while large companies and their work forces are benefiting from these programs, small businesses and the public sector, with the exception of some federal agencies have not yet had this opportunity.

The first benefit of such programs is almost always decreased absenteeism. Improved morale and a real decrease in the cost of health care and health insurance generally follow. A number of companies have clearly saved money through these programs. The health and life insurance industry supports this effort. In 1982, the Health Insurance Association of America created an organization called the Wellness Councils of America to foster support for this concept.

In this time of fiscal restraint and budgetary pressures, keeping our work force healthy is a strategy we must not neglect to explore.

The Committee recognizes the importance of fostering equal opportunity for all workers to maintain good health and avoid preventable illness. The Committee notes, for example, one outstanding example of what can be accomplished through worksite wellness programs. Johnson & Johnson with its Live for Life Program has achieved a remarkable success. It has decreased the rate of smoking, improved a variety of health indicators, and cut the costs of providing health coverage to its employees who have participated in this program. Not only did the number of hospital admissions decrease, but the length of those admissions and the cost of those admissions decreased compared to a control group. This program is available to 32,000 of the company's employees at 64 locations.

Other large employers are currently making health promotion programs available to their employees. Unfortunately, employees of small businesses and many public agencies are not now benefitting from such programs and, further, are not likely to do so in the foreseeable future. This circumstance results from a lack of resources and/or the impracticality (financially, programmatically, and logistically) of providing a wellness program to a limited number of individuals. Whatever the cause, the result is a clear inequity: if an individual is employed by a large and prosperous employer, he/she is far more likely to receive the benefits of a work-

site based health promotion program than is an employee of a public sector agency or a small business.

In reporting this legislation, the committee makes clear its intent to diminish, if not entirely eliminate, this disparity. It seeks to assist public sector and small business employers to learn how effective health promotion programs may be provided to their employees. If the effort is successful, these employers will realize the economic benefits of a healthier, more productive workforce and employees will receive the personal benefits of a healthier lifestyle.

When first written into statute, ODPHP, was intended to coordinate all Fedeal efforts aimed at disease prevention and health promotion, to coordinate such efforts with the private sector, to establish a national information clearinghouse of education materials on prevention, and to support research and information projects. Though the office has fulfilled this mission, its real impact is far greater than this description implies.

The ODPHP has provided real leadership to the Nation in the area of health promotion and disease prevention. It has taken the fruits of academic and public health research and increased the awareness of health departments, schools, and businesses around the country of the benefits which are possible through health promotion. In many places around the country there are requests to increase the reach and the impact of this intelligent approach to Federal involvement.

It was this office which developed and published *Healthy People:* The Surgeon General's report on health promotion and disease prevention. The publishing of this document was an important event in the resurgence of interest that we have seen in prevention. The development of the Suirgeon General's objectives for 1990 was an outgrowth of this effort. Recently, ODPHP coordinated a midcourse review of the objectives and the Office is currently working toward new objectives for the year 2000. These objectives are national marks by which the country has set its expectations and judged its progress.

Currently, the Office is coordinating the Surgeon General's report on nutrition. The Committee looks forward to this addition to our national perspective on the role of dietary status in health and disease.

The Committee recognizes the importance of fostering equal opportunity for all workers to maintain good health and avoid preventable illness. The Committee notes, for example, one outstanding example of what can be accomplished through worksite wellness programs. Johnson & Johnson with its Live for Life Program has achieved a remarkable success. It has decreased the rate of smoking, improved a variety of health indicators, and cut the costs of providing health coverage to its employees who have participated in this program. Not only did the number of hospital admissions decrease, but the length of those admissions and the cost of those admissions decreased compared to a control group. This program is available to 32,000 of the company's employees at 64 locations. The legislation is intended to help determine how to make this type of program available throughout the workforce, and not just to employees of some of the larger innovative companies.

The Committee bill extends the modest program of centers for research and demonstration in health promotion and disease prevention administered by the Centers for Disease Control. The Committee believes that the program is unique because it applies the fruits of research on public health and preventive medicine technique to limit the spread or the consequences of chronic disease. The Committee sees the need for further investigation and educational endeavors in this area. It commends CDC for its effective administration of this disease prevention research and demonstration program.

The Committee recognizes that development and implementation of effective programs for the prevention of disease and the promotion of health requires professionals with many different types of training working closely together as a team. It requires statisticians and epidemiologists to determine possible causes of disease. Engineers, chemists, physicists, toxicologists and biologists to assess possible environmental hazards and to devise cost-effective measures to reduce such risks—behavorial scientists and sociologists to determine community attitudes and to devise strategies and plans to assure participation in programs—economists and lawyers to consider alternative strategies and to develop policies which might be effectively implemented. Because academic units which are able to coordinate these interdisciplinary approach are few in number, the Committee continues to encourage the establishment of a national network of prevention centers where such research may proceed and where the results of such research can be translated into practice.

Only three prevention centers have been established to date. The Committee believes that more are needed. A principal attribute of each center is its ability to carry out research in population groups and communities. The centers undertake demonstration projects that utilize community outreach and organization techniques, and innovative methods of education and motivation to effect change in personal and community habits and parties with regard to health and disease.

VI. Committee Action

There was only one vote in Committee, on whether to report the bill out. The final vote was unanimous.

VII. Congressional Budget Office Cost Estimate

U.S. Congress,
Congressional Budget Office,
Washington, DC, November 10, 1987.

Hon. Edward M. Kennedy,
Chairman, Committee on Labor and Human Resources, U.S. Senate, Washington, DC.

Dear Mr. Chairman: The Congressional Budget Office has prepared the attached cost estimate for S. 1726, the Employee Health Promotion and Disease Prevention Act of 1987, as ordered reported by the Senate Committee on Labor and Human Resources on October 9, 1987.

If you wish further details on this estimate we will be pleased to provide them.

With best wishes,

Sincerely,

EDWARD M. GRAMLICH,
Acting Director.

1. Bill number: S. 1726
2. Bill title: Employee Health Promotion and Disease Prevention Act of 1987.
3. Bill status: As ordered reported by the Committee on Labor and Human Resources on October 9, 1987.
4. Bill purpose: To amend the Public Health Service Act to promote employee health and disease prevention, and for other purposes.
5. Estimated cost to the Federal Government:

[By fiscal years, in millions of dollars]

	1988	1989	1990	1991	1992
Estimated authorization level:					
Health information and health promotion	10.5	11.0	11.5	.....	.....
Centers for research and demonstration	8.0	10.0	12.0	.....	.....
Total estimated authorization level	18.5	21.0	23.5	.....	.....
Total estimated outlays	8.3	14.7	21.5	12.2	6.3

The costs of this bill would fall within budget function 550.

Basis of estimate: All authorization levels are stated in the bill. Authorized amounts are assumed to be fully appropriated at the beginning of each fiscal year. Outlays are estimated using spendout rates calculated by CBO on the basis of recent program data.

This bill would reauthorize health promotion and disease prevention activities through 1990 and would expand the current effort to include health promotion research and demonstration programs for public sector employees and employees of small businesses.

6. Estimated cost to State and local government: None.
7. Estimate comparison: None.
8. Previous CBO estimate: None.
9. Estimate prepared by Carmela Dyer.
10. Estimate approved by C.G. Nuckols (for James L. Blum, Assistant Director for Budget Analysis).

VIII. REGULATORY IMPACT STATEMENT

The Committee does not anticipate that S. 1726 will have any regulatory impact.

IX. CHANGES IN EXISTING LAW

In compliance with rule XXVI paragraph 12 of the Standing Rules of the Senate, the following provides a print of the statute or the part or section thereof to be amended or replaced (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italic, existing law in which no change is proposed is shown in roman):

PUBLIC HEALTH SERVICE ACT

* * * * * * *

TITLE XVII—HEALTH INFORMATION AND HEALTH PROMOTION

GENERAL AUTHORITY

SEC. 1701. (a) The Secretary shall—

(1) formulate national goals, and a strategy to achieve such goals, with respect to health information and health promotion, preventive health services, and education in the appropriate use of health care;

(2) analyze the necessary and available resources for implementing the goals and strategy formulated pursuant to paragraph (1), and recommend appropriate educational and quality assurance policies for the needed manpower resources identified by such analysis;

(3) undertake and support necessary activities and programs to—

(A) incorporate appropriate health education components into our society, especially into all aspects of education and health care,

(B) increase the application and use of health knowledge, skills, and practices by the general population in its patterns of daily living, and

(C) establish systematic processes for the exploration, development, demonstration, and evaluation of innovative health promotion concepts;

(4) undertake and support research and demonstrations respecting health information and health promotion, preventive health services, and education in the appropriate use of health care;

(5) undertake and support appropriate training in the operation of programs concerned with, health information and health promotion, preventive health services, and education in the appropriate use of health care;

(6) undertake and support, through improved planning and implementation of tested models and evaluation of results, effective and efficient programs respecting health information and health promotion, preventive health services, and education in the appropriate use of health care;

(7) foster the exchange of information respecting, and foster cooperation in the conduct of, research, demonstration, and training programs respecting health information and health promotion, preventive health services, and education in the appropriate use of health care;

(8) provide technical assistance in the programs referred to in paragraph (7);

(9) use such other authorities for programs respecting health information and health promotion, preventive health services, and education in the appropriate use of health care as are available and coordinate such use with programs conducted under this title; [and]

(10) establish in the Office of the Assistant Secretary for Health an Office of Disease Prevention and Health Promotion, which shall—

(A) coordinate all activities within the Department which relate to disease prevention, health promotion, preventive health services, and health information and education with respect to the appropriate use of health care;

(B) coordinate such activities with similar activities in the private sector;

(C) establish a national information clearinghouse to facilitate the exchange of information concerning matters relating to health information and health promotion, preventive health services, and education in the appropriate use of health care, to facilitate access to such information, and to assist in the analysis of issues and problems relating to such matters; and

(D) support projects, conduct research, and disseminate information relating to preventive medicine, health promotion, and physical fitness and sports medicine.

The Secretary shall administer this title in a manner consistent with the national health priorities set forth in section 1502. The Secretary shall appoint a Director for the Office of Disease Prevention and Health Promotion established pursuant to paragraph (1) of this subsection. The Secretary shall administer this title in cooperation with health care providers, educators, voluntary organizations, businesses, and State and local health agencies in order to encourage the dissemination of health information and health promotion activities[.]*;*

(11) undertake and support research and demonstration programs designed to—

(A) establish worksite based programs for public sector employees to promote healthy behavior and to decrease participation in unhealthy and high risk behavior; and

(B) develop a better understanding of the special circumstances and problems encountered in providing health promotion and disease prevention programs to employees of small businesses (as defined in section 3 of the Small Business Act (15 U.S.C. 632)); and

(12) in carrying out the programs referred to in paragraph (11)—

(A) support at least six 3-year programs;

(B) perform the programs under the auspices of State and local organizations capable of encouraging the participation of schools, school systems, colleges, universities, community business associations and coalitions, civic groups, insurance companies, and other appropriate organizations;

(C) make every effort to assure that the programs reflect a variety of regions, States, and community settings (including urban, rural, and minority populations); and

(D) evaluate the impact of the programs on—

(i) the health status measurements;

(ii) the use of primary and acute care health services;

(iii) absenteeism from work; and

(iv) reduced health and life insurance costs.

(b) To carry out this title, there are authorized to be appropriated $9,000,000 for the fiscal year ending September 30, 1985, $9,500,000 for the fiscal year ending September 30, 1986, [and $10,000,000 for the fiscal year ending September 30, 1987.] *$10,000,000 for the fiscal year ending September 30, 1987, $10,500,000 for the fiscal year ending September 30, 1988, $11,000,000 for the fiscal year ending September 30, 1989, and $11,500,000 for the fiscal year ending September 30, 1990.*

(c) No grant may be made or contract entered into under this title unless an application therefor has been submitted to and approved by the Secretary. Such an application shall be submitted in such form and manner and contain such information as the Secretary may prescribe. Contracts may be entered into under this title without regard to sections 3648 and 3709 of the Revised Statutes (31 U.S.C. 529; 41 U.S.C. 5).

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CENTERS FOR RESEARCH AND DEMONSTRATION OF HEALTH PROMOTION AND DISEASE PREVENTION

SEC. 1706. (a) The Secretary shall make grants and enter into contracts with academic health centers for the establishment, maintenance, and operation of centers for research and demonstration with respect to health promotion and disease prevention. Centers established, maintained, or operated under this section shall undertake research and demonstration projects in health promotion, disease prevention, and improved methods of appraising health hazards and risk factors, and shall serve as demonstration sites for the use of new and innovative research in public health techniques to prevent chronic diseases.

(b) Each center established, maintained, or operated under this section shall—

(1) be located in an academic health center with—

(A) a multidisciplinary faculty with expertise in public health and which has working relationships with relevant groups in such fields as medicine, psychology, nursing, social work, education and business;

(B) graduate training programs relevant to disease prevention;

(C) a core faculty in epidemiology, biostatistics, social sciences, behavioral and environmental health sciences, and health administration;

(D) a demonstrated curriculum in disease prevention;

(E) a capability for residency training in public health or preventive medicine; and

(F) such other qualifications as the Secretary may prescribe;

(2) conduct—

(A) health promotion and disease prevention research, including retrospective studies and longitudinal prospective studies in population groups and communities;

(B) demonstration projects for the delivery of services relating to health promotion and disease prevention to defined population groups using, as appropriate, community outreach and organization tehcniques and other methods of educating and motivating communities; and

(C) evaluation studies on the efficacy of demonstration projects conducted under subparagraph (B) of this paragraph.

The design of any evaluation study conducted under subparagraph (C) shall be established prior to the commencement of the demonstration project under subparagraph (B) for which the evaluation will be conducted.

[(c)(1) During fiscal year 1985, the Secretary shall make grants or enter into contracts for the establishment of three centers under this section. During fiscal year 1986, the Secretary shall make grants and enter into contracts for the establishment of five centers under this section and the maintenance and operation of the three centers established under this section in fiscal year 1985. During fiscal year 1987, the Secretary shall make grants and enter into contracts for the establishment of five centers under this section and the operation and maintenance of the eight centers established under this section in fiscal years 1985 and 1986.]

(c)(1) During fiscal year 1988, the Secretary shall make grants and enter into contracts for the establishment of five centers under this section and the maintenance and operation of three of the centers established under this section in fiscal year 1987. During fiscal year 1989, the Secretary shall make grants and enter into contracts for the establishment of three centers under this section and the maintenance and operation of the eight centers established under this section in fiscal years 1987 and 1988. During fiscal year 1990, the Secretary shall make grants and enter into contracts for the establishment of three centers under this section and the maintenance and operation of the eleven centers established in fiscal years 1987, 1988, and 1989.

(2)(A) In making grants and entering into contracts under this section, the Secretary shall provide for an equitable geographical distribution of centers established, maintained, and operated under this section and for the distribution of such centers among areas containing a wide range of population groups which exhibit incidences of diseases which are most amenable to preventive intervention.

(B) The Secretary, through the Director of the Centers for Disease Control and in consultation with the Director of the National Institutes of Health, shall establish procedures for the appropriate peer review of applications for grants and contracts under this section by peer review groups composed principally of non-Federal experts.

(d) For purposes of this section, the term "academic health center" means a school of medicine, a school of osteopathy, or a school of public health, as such terms are defined in section 701(4).

[(e) To carry out this section, there are authorized to be appropriated $3,000,000 for the fiscal year ending September 30, 1985, $8,000,000 for the fiscal year ending September 30, 1986, and $13,000,000 for the fiscal year ending September 30, 1987.]

(e) To carry out this section, there are authorized to be appropriated $8,000,000 for the fiscal year ending September 30, 1988, $10,000,000 for the fiscal year ending September 30, 1989, and $12,000,000 for the fiscal year ending September 30, 1990.

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